MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015856
STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 5556 ~~4227~~ Registrar's No. 17

FILED APR 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0460		
2	0460,		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4200F		
10			
11			
12	90-0		
13	4-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Goldsberry
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Howell
c. CITY OR TOWN: Mtn. View (Rural) Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lucy Middle: Kennedy Last: McDowell
4. DATE OF DEATH: Month: April Day: 10, Year: 1963
5. SEX: F.
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/26/1871
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Clinton Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Brickey
13b. MOTHER'S MAIDEN NAME: Joan Kennedy
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates o NO.: No
17. INFORMANT Address: Lynn McDowell St. Petersburg, Fla.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASHD
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchopneumonia & Fracture rt. hip

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 2 1963 to Apr. 10 and last saw her him alive on Apr 10, 1963
Death occurred at Apr. 10, 1963 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.C. Walton M.D.
22b. ADDRESS: Mtn. View, Mo.
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/12/63
23c. NAME OF CEMETERY OR CREMATORY: Edgar Springs Cem.
23d. LOCATION (City, town, or county) (State): Edgar Springs, Missouri

24. FUNERAL DIRECTOR ADDRESS: Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 4-15-1963
26. REGISTRAR'S SIGNATURE: Charles D. Gaston

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1963

To Doctor: 2: P.M. 4/11/63
Received from Dr 4-15-63: 9 A.M.
to Register 4-15-63 - 9 A.M.
Burial Permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by_____ Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles D. Gaston

Licensed Embalmer No. 5107

P. O. Address Mt. Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.